

Arizona Immunization Program Office, Vaccine Center
Phone: (602) 364-3642 Fax: (602) 364-3276 or (602) 364-3232

Viable Flu Vaccine Transfer Form for 2011-2012 Season

Provider Name: _____ PIN: _____ Contact: _____ Address: _____ Phone: _____ Fax: _____			Return Codes: 8 – Transferred from your office to another location Name and PIN of practice receiving transfer: _____ Signature of person receiving transfer: _____			
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Vaccine Name	Return Code	Lot#	Expiration Date	# of Doses	Cost per Dose*	Total \$
Sanofi - Fluzone 0.25mL syringes					\$11.68	
Sanofi - Fluzone 0.5 mL single dose vials					\$10.97	
Sanofi - Fluzone 0.5mL syringes					\$10.97	
GSK - Fluarix 0.5mL syringes					\$8.90	
Sanofi - Fluzone - 5.0mL Multi-dose vials					\$9.30	
MedImmune- FluMist - Intra-nasal sprayers					\$15.70	
*Cost per dose according to the federal contract dated 3/7/2011			TOTAL LOSS	#		\$

I have reviewed this completed form:

 Signature of Person completing form & date

 Signature of Enrolled Provider or VFC contact if provider not located on site & date

Upon completion of this transfer, fax the signed copy to the Vaccine Center at (602) 364-3276.